

**Kristina D. Lawson, J.D., Chair**  
**Panel B**

1 XAVIER BECERRA  
Attorney General of California  
2 JANE ZACK SIMON  
Supervising Deputy Attorney General  
3 LAWRENCE MERCER  
Deputy Attorney General  
4 State Bar No. 111898  
455 Golden Gate Avenue, Suite 11000  
5 San Francisco, CA 94102-7004  
Telephone: (415) 510-3488  
6 Facsimile: (415) 703-5480  
*Attorneys for Complainant*

7  
8 **BEFORE THE**  
**MEDICAL BOARD OF CALIFORNIA**  
9 **DEPARTMENT OF CONSUMER AFFAIRS**  
**STATE OF CALIFORNIA**

10 In the Matter of the Accusation Against:

Case No. 800-2017-033792

11 **ADAM DAVID TRAVIS, M.D.**  
12 1430 Buckingham Way  
Hillsborough, CA 94010-7397

**STIPULATED SETTLEMENT AND  
DISCIPLINARY ORDER**

13  
14 Physician's and Surgeon's Certificate No. 80122,  
15 Respondent.

16  
17  
18 IT IS HEREBY STIPULATED AND AGREED by and between the parties to the above-  
19 entitled proceedings that the following matters are true:

20 **PARTIES**

21 1. Kimberly Kirchmeyer (Complainant) is the Executive Director of the Medical Board  
22 of California (Board). She brought this action solely in her official capacity and is represented in  
23 this matter by Xavier Becerra, Attorney General of the State of California, by Lawrence Mercer,  
24 Deputy Attorney General.

25 2. On or about October 26, 1994, the Medical Board issued Physician's and Surgeon's  
26 Certificate Number G 80122 to Adam David Travis, M.D. (Respondent). The Physician's and  
27 Surgeon's Certificate was in full force and effect at all times relevant to the charges brought  
28 herein and will expire on May 31, 2020, unless renewed. On April 20, 2018, an interim order

1 issued and that order requires Respondent to have a female third party chaperone present while  
2 consulting, examining or treating female patients.

3 3. Respondent is represented in this matter by his attorneys Marvin Firestone, M.D.,  
4 J.D., and Marvin Firestone, M.D., J.D., and Associates, 1700 South El Camino Real, Suite 204,  
5 San Mateo, CA 94402.

6 JURISDICTION

7 4. Accusation No. 800-2017-033792 was duly filed before the Medical Board of  
8 California, Department of Consumer Affairs, on May 9, 2018. Respondent timely filed a Notice  
9 of Defense. A copy of Accusation No. 800-2017-033792 is attached as exhibit A and incorporated  
10 herein by reference.

11 ADVISEMENT AND WAIVERS

12 5. Respondent has carefully read, fully discussed with counsel, and understands the  
13 charges and allegations in Accusation No. 800-2017-033792. Respondent has also carefully read,  
14 fully discussed with counsel, and understands the effects of this Stipulated Settlement and  
15 Disciplinary Order.  
16

17 6. Respondent is fully aware of his legal rights in this matter, including the right to a  
18 hearing on the charges and allegations in the Accusation; the right to confront and cross-examine  
19 the witnesses against him; the right to present evidence and to testify on his own behalf; the right  
20 to the issuance of subpoenas to compel the attendance of witnesses and the production of  
21 documents; the right to reconsideration and court review of an adverse decision; and all other  
22 rights accorded by the California Administrative Procedure Act and other applicable laws.  
23

24 7. Respondent voluntarily, knowingly, and intelligently waives and gives up each and  
25 every right set forth above.

26 //

27 //

1  
2  
3  
4  
5  
6  
7  
8  
9  
10  
11  
12  
13  
14  
15  
16  
17  
18  
19  
20  
21  
22  
23  
24  
25  
26  
27  
28

CULPABILITY

8. Respondent admits that he engaged in unprofessional conduct and was grossly negligent in his management of professional boundaries with a patient, in violation of Business and Professions Code §§2234 and 2234(b).

9. Respondent agrees that his Physician's and Surgeon's Certificate is subject to discipline and he agrees to be bound by the Board's probationary terms as set forth in the Disciplinary Order below.

RESERVATION

10. The admissions made by Respondent herein are only for the purposes of this proceeding, or any other proceedings in which the Board or other professional licensing agency is involved, and shall not be admissible in any other criminal or civil proceeding.

CONTINGENCY

11. This stipulation shall be subject to approval by the Board. Respondent understands and agrees that counsel for Complainant and the staff of the Board may communicate directly with the Board regarding this stipulation and settlement, without notice to or any participation by Respondent or his counsel. By signing the stipulation, Respondent understands and agrees that he may not withdraw his agreement or seek to rescind the stipulation prior to the time the Board considers and acts upon it. If the Board fails to adopt this stipulation as its Decision and Order, the Stipulated and Settlement and Disciplinary Order shall be of no force or effect, except for this paragraph, it shall be inadmissible in any legal action between the parties, and the Board shall not be disqualified from further action by having considered this matter.

12. The parties understand and agree that Portable Document Format (PDF) and facsimile copies of this Stipulated Settlement and Disciplinary Order, including PDF and facsimile signatures thereto, shall have the same force and effect as the originals.

1           13. In consideration of the foregoing admissions and stipulations, the parties agree that  
2 the Board may, without further notice or formal proceeding, issue and enter the following  
3 Disciplinary Order:

4                                   **DISCIPLINARY ORDER**

5           IT IS HEREBY ORDERED that Physician's and Surgeon's Certificate No. G80122 is  
6 revoked. However, revocation is stayed and Respondent is place on probation for five (5) years  
7 upon the following terms and conditions:

8           1. **MONITORING - PRACTICE.** Within 30 calendar days of the effective date of this  
9 Decision, Respondent shall submit to the Board or its designee for prior approval as a practice  
10 monitor, the name and qualifications of one or more licensed physicians and surgeons whose  
11 licenses are valid and in good standing, and who are preferably American Board of Medical  
12 Specialties (ABMS) certified. A monitor shall have no prior or current business or personal  
13 relationship with Respondent, or other relationship that could reasonably be expected to  
14 compromise the ability of the monitor to render fair and unbiased reports to the Board, including  
15 but not limited to any form of bartering, shall be in Respondent's field of practice, and must agree  
16 to serve as Respondent's monitor. Respondent shall pay all monitoring costs.

17           The Board or its designee shall provide the approved monitor with copies of the Decision  
18 and Accusation, and a proposed monitoring plan. Within 15 calendar days of receipt of the  
19 Decision, Accusation, and proposed monitoring plan, the monitor shall submit a signed statement  
20 that the monitor has read the Decision and Accusation, fully understands the role of a monitor,  
21 and agrees or disagrees with the proposed monitoring plan. If the monitor disagrees with the  
22 proposed monitoring plan, the monitor shall submit a revised monitoring plan with the signed  
23 statement for approval by the Board or its designee.

24           Within 60 calendar days of the effective date of this Decision, and continuing throughout  
25  
26  
27  
28

1 probation, Respondent's practice shall be monitored by the approved monitor. Respondent shall  
2 make all records available for immediate inspection and copying on the premises by the monitor  
3 at all times during business hours and shall retain the records for the entire term of probation.

4 If Respondent fails to obtain approval of a monitor within 60 calendar days of the effective  
5 date of this Decision, Respondent shall receive a notification from the Board or its designee to  
6 cease the practice of medicine within three (3) calendar days after being so notified. Respondent  
7 shall cease the practice of medicine until a monitor is approved to provide monitoring  
8 responsibility.  
9

10 The monitor(s) shall submit a quarterly written report to the Board or its designee which  
11 includes an evaluation of Respondent's performance, indicating whether Respondent's practices  
12 are within the standards of practice of medicine, and whether Respondent is practicing medicine  
13 safely, billing appropriately or both. It shall be the sole responsibility of Respondent to ensure  
14 that the monitor submits the quarterly written reports to the Board or its designee within 10  
15 calendar days after the end of the preceding quarter.  
16

17 If the monitor resigns or is no longer available, Respondent shall, within 5 calendar days of  
18 such resignation or unavailability, submit to the Board or its designee, for prior approval, the  
19 name and qualifications of a replacement monitor who will be assuming that responsibility within  
20 15 calendar days. If Respondent fails to obtain approval of a replacement monitor within 60  
21 calendar days of the resignation or unavailability of the monitor, Respondent shall receive a  
22 notification from the Board or its designee to cease the practice of medicine within three (3)  
23 calendar days after being so notified. Respondent shall cease the practice of medicine until a  
24 replacement monitor is approved and assumes monitoring responsibility.  
25

26 In lieu of a monitor, Respondent may participate in a professional enhancement program  
27 approved in advance by the Board or its designee that includes, at minimum, quarterly chart  
28

1 review, semi-annual practice assessment, and semi-annual review of professional growth and  
2 education. Respondent shall participate in the professional enhancement program at Respondent's  
3 expense during the term of probation.

4 2. THIRD PARTY CHAPERONE. During probation, Respondent shall have a third  
5 party chaperone present while consulting, examining or treating female patients. Respondent  
6 shall, within 30 calendar days of the effective date of the Decision, submit to the Board or its  
7 designee for prior approval name(s) of persons who will act as the third party chaperone.  
8

9 If Respondent fails to obtain approval of a third party chaperone within 60 calendar days of  
10 the effective date of this Decision, Respondent shall receive a notification from the Board or its  
11 designee to cease the practice of medicine within three (3) calendar days after being so notified.  
12 Respondent shall cease the practice of medicine until a chaperone is approved to provide  
13 monitoring responsibility.  
14

15 Each third party chaperone shall sign (in ink or electronically) and date each patient  
16 medical record at the time the chaperone's services are provided. Each third party chaperone  
17 shall read the Decision(s) and the Accusation(s), and fully understand the role of the third party  
18 chaperone.

19 Respondent shall maintain a log of all patients seen for whom a third party chaperone is  
20 required. The log shall contain the: 1) patient initials, address and telephone number; 2) medical  
21 record number; and 3) date of service. Respondent shall keep this log in a separate file or ledger,  
22 in chronological order, shall make the log available for immediate inspection and copying on the  
23 premises at all times during business hours by the Board or its designee, and shall retain the log  
24 for the entire term of probation.  
25

26 Respondent is prohibited from terminating employment of a Board-approved third party  
27 chaperone solely because that person provided information as required to the Board or its  
28

1 designee.

2 If the third party chaperone resigns or is no longer available, Respondent shall, within five  
3 (5) calendar days of such resignation or unavailability, submit to the Board or its designee, for  
4 prior approval, the name of the person(s) who will act as the third party chaperone. If Respondent  
5 fails to obtain approval of a replacement chaperone within 30 calendar days of the resignation or  
6 unavailability of the chaperone, Respondent shall receive a notification from the Board or its  
7 designee to cease the practice of medicine within three (3) calendar days after being so notified.  
8 Respondent shall cease the practice of medicine until a replacement chaperone is approved and  
9 assumes monitoring responsibility.  
10

11 3. PROFESSIONAL BOUNDARIES PROGRAM. Within 60 calendar days from the  
12 effective date of this Decision, Respondent shall enroll in a professional boundaries program  
13 approved in advance by the Board or its designee. Respondent, at the program's discretion, shall  
14 undergo and complete the program's assessment of Respondent's competency, mental health  
15 and/or neuropsychological performance, and at minimum, a 24 hour program of interactive  
16 education and training in the area of boundaries, which takes into account data obtained from the  
17 Decision, Accusation and any other information that the Board or its designee deems relevant.  
18 The program shall evaluate Respondent at the end of the training and the program shall provide  
19 any data from the assessment and training as well as the results of the evaluation to the Board or  
20 its designee.  
21

22 Failure to complete the entire program not later than six (6) months after Respondent's  
23 initial enrollment shall constitute a violation of probation unless the Board or its designee agrees  
24 in writing to a later time for completion. Based on Respondent's performance in and evaluations  
25 from the assessment, education and training, the program shall advise the Board or its designee of  
26 its recommendations for additional education, training, psychotherapy and other measures  
27  
28



1 necessary to ensure that Respondent can practice medicine safely. Respondent shall comply with  
2 program recommendations. At the completion of the program, Respondent shall submit to a final  
3 evaluation. The program shall provide the results of the evaluation to the Board or its designee.  
4 The professional boundaries program shall be at Respondent's expense and in addition to the  
5 Continuing Medical Education (CME) requirements for renewal of licensure.

6 The program has the authority to determine whether or not Respondent successfully  
7 completed the program.

8 A professional boundaries course taken after the acts that gave rise to the charges in the  
9 Accusation, but prior to the effective date of the Decision may, in the sole discretion of the Board  
10 or its designee, be accepted towards the fulfillment of this condition if the course would have  
11 been approved by the Board or its designee had the course been taken after the effective date of  
12 this Decision.

13  
14 4. PROFESSIONALISM PROGRAM (ETHICS COURSE). Within 60 calendar days of  
15 the effective date of this Decision, Respondent shall enroll in a professionalism program, that  
16 meets the requirements of Title 16, California Code of Regulations (CCR) section 1358.1.  
17 Respondent shall participate in and successfully complete that program. Respondent shall  
18 provide any information and documents that the program may deem pertinent. Respondent shall  
19 successfully complete the classroom component of the program not later than six (6) months after  
20 Respondent's initial enrollment, and the longitudinal component of the program not later than the  
21 time specified by the program, but no later than one (1) year after attending the classroom  
22 component. The professionalism program shall be at Respondent's expense and shall be in  
23 addition to the Continuing Medical Education (CME) requirements for renewal of licensure.

24 A professionalism program taken after the acts that gave rise to the charges in the  
25 Accusation, but prior to the effective date of the Decision may, in the sole discretion of the Board  
26  
27  
28

1 or its designee, be accepted towards the fulfillment of this condition if the program would have  
2 been approved by the Board or its designee had the program been taken after the effective date of  
3 this Decision.

4 Respondent shall submit a certification of successful completion to the Board or its  
5 designee not later than 15 calendar days after successfully completing the program or not later  
6 than 15 calendar days after the effective date of the Decision, whichever is later.

7 5. PSYCHOTHERAPY. Within 60 calendar days of the effective date of this Decision,  
8 Respondent shall submit to the Board or its designee for prior approval the name and  
9 qualifications of a California-licensed board certified psychiatrist or a licensed psychologist who  
10 has a doctoral degree in psychology and at least five years of postgraduate experience in the  
11 diagnosis and treatment of emotional and mental disorders. Upon approval, Respondent shall  
12 undergo and continue psychotherapy treatment, including any modifications to the frequency of  
13 psychotherapy, until the Board or its designee deems that no further psychotherapy is necessary.  
14

15  
16 The psychotherapist shall consider any information provided by the Board or its designee  
17 and any other information the psychotherapist deems relevant and shall furnish a written  
18 evaluation report to the Board or its designee. Respondent shall cooperate in providing the  
19 psychotherapist with any information and documents that the psychotherapist may deem  
20 pertinent.

21 Respondent shall have the treating psychotherapist submit quarterly status reports to the  
22 Board or its designee. The Board or its designee may require Respondent to undergo psychiatric  
23 evaluations by a Board-appointed board certified psychiatrist. If, prior to the completion of  
24 probation, Respondent is found to be mentally unfit to resume the practice of medicine without  
25 restrictions, the Board shall retain continuing jurisdiction over Respondent's license and the  
26 period of probation shall be extended until the Board determines that Respondent is mentally fit  
27 to resume the practice of medicine without restrictions.

28 Respondent shall pay the cost of all psychotherapy and psychiatric evaluations.

1           6. NOTIFICATION. Within seven (7) days of the effective date of this Decision, the  
2 Respondent shall provide a true copy of this Decision and Accusation to the Chief of Staff or the  
3 Chief Executive Officer at every hospital where privileges or membership are extended to  
4 Respondent, at any other facility where Respondent engages in the practice of medicine,  
5 including all physician and locum tenens registries or other similar agencies, and to the Chief  
6 Executive Officer at every insurance carrier which extends malpractice insurance coverage to  
7 Respondent. Respondent shall submit proof of compliance to the Board or its designee within 15  
8 calendar days.

9           This condition shall apply to any change(s) in hospitals, other facilities or insurance carrier.

10          7. SUPERVISION OF PHYSICIAN ASSISTANTS AND ADVANCED PRACTICE  
11 NURSES. During probation, Respondent is prohibited from supervising physician assistants and  
12 advanced practice nurses.

13          8. OBEY ALL LAWS. Respondent shall obey all federal, state and local laws, all rules  
14 governing the practice of medicine in California and remain in full compliance with any court  
15 ordered criminal probation, payments, and other orders.

16          9. QUARTERLY DECLARATIONS. Respondent shall submit quarterly declarations  
17 under penalty of perjury on forms provided by the Board, stating whether there has been  
18 compliance with all the conditions of probation.

19          Respondent shall submit quarterly declarations not later than 10 calendar days after the end  
20 of the preceding quarter.

21          10. GENERAL PROBATION REQUIREMENTS.

22               Compliance with Probation Unit

23               Respondent shall comply with the Board's probation unit.

24               Address Changes

25               Respondent shall, at all times, keep the Board informed of Respondent's business and  
26 residence addresses, email address (if available), and telephone number. Changes of such  
27 addresses shall be immediately communicated in writing to the Board or its designee. Under no  
28 circumstances shall a post office box serve as an address of record, except as allowed by Business

1 and Professions Code section 2021(b).

2 Place of Practice

3 Respondent shall not engage in the practice of medicine in Respondent's or patient's place  
4 of residence, unless the patient resides in a skilled nursing facility or other similar licensed  
5 facility.

6 License Renewal

7 Respondent shall maintain a current and renewed California physician's and surgeon's  
8 license.

9 Travel or Residence Outside California

10 Respondent shall immediately inform the Board or its designee, in writing, of travel to any  
11 areas outside the jurisdiction of California which lasts, or is contemplated to last, more than thirty  
12 (30) calendar days.

13 In the event Respondent should leave the State of California to reside or to practice,  
14 Respondent shall notify the Board or its designee in writing 30 calendar days prior to the dates of  
15 departure and return.

16 11. INTERVIEW WITH THE BOARD OR ITS DESIGNEE. Respondent shall be  
17 available in person upon request for interviews either at Respondent's place of business or at the  
18 probation unit office, with or without prior notice throughout the term of probation.

19 12. NON-PRACTICE WHILE ON PROBATION. Respondent shall notify the Board or  
20 its designee in writing within 15 calendar days of any periods of non-practice lasting more than  
21 30 calendar days and within 15 calendar days of Respondent's return to practice. Non-practice is  
22 defined as any period of time Respondent is not practicing medicine as defined in Business and  
23 Professions Code sections 2051 and 2052 for at least 40 hours in a calendar month in direct  
24 patient care, clinical activity or teaching, or other activity as approved by the Board. If  
25 Respondent resides in California and is considered to be in non-practice, Respondent shall  
26 comply with all terms and conditions of probation. All time spent in an intensive training  
27 program which has been approved by the Board or its designee shall not be considered non-  
28 practice and does not relieve Respondent from complying with all the terms and conditions of

1 probation. Practicing medicine in another state of the United States or Federal jurisdiction while  
2 on probation with the medical licensing authority of that state or jurisdiction shall not be  
3 considered non-practice. A Board-ordered suspension of practice shall not be considered as a  
4 period of non-practice.

5 In the event Respondent's period of non-practice while on probation exceeds 18 calendar  
6 months, Respondent shall successfully complete the Federation of State Medical Boards's Special  
7 Purpose Examination, or, at the Board's discretion, a clinical competence assessment program  
8 that meets the criteria of Condition 18 of the current version of the Board's "Manual of Model  
9 Disciplinary Orders and Disciplinary Guidelines" prior to resuming the practice of medicine.

10 Respondent's period of non-practice while on probation shall not exceed two (2) years.

11 Periods of non-practice will not apply to the reduction of the probationary term.

12 Periods of non-practice for a Respondent residing outside of California will relieve  
13 Respondent of the responsibility to comply with the probationary terms and conditions with the  
14 exception of this condition and the following terms and conditions of probation: Obey All Laws;  
15 General Probation Requirements; Quarterly Declarations; Abstain from the Use of Alcohol and/or  
16 Controlled Substances; and Biological Fluid Testing.

17 13. COMPLETION OF PROBATION. Respondent shall comply with all financial  
18 obligations (e.g., restitution, probation costs) not later than 120 calendar days prior to the  
19 completion of probation. Upon successful completion of probation, Respondent's certificate shall  
20 be fully restored.

21 14. VIOLATION OF PROBATION. Failure to fully comply with any term or condition  
22 of probation is a violation of probation. If Respondent violates probation in any respect, the  
23 Board, after giving Respondent notice and the opportunity to be heard, may revoke probation and  
24 carry out the disciplinary order that was stayed. If an Accusation, or Petition to Revoke Probation,  
25 or an Interim Suspension Order is filed against Respondent during probation, the Board shall have  
26 continuing jurisdiction until the matter is final, and the period of probation shall be extended until  
27 the matter is final.

28 //

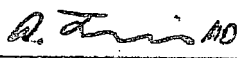
1 ~~15.~~ 16. LICENSE SURRENDER. Following the effective date of this Decision, if  
2 Respondent ceases practicing due to retirement or health reasons or is otherwise unable to satisfy  
3 the terms and conditions of probation, Respondent may request to surrender his or her license.  
4 The Board reserves the right to evaluate Respondent's request and to exercise its discretion in  
5 determining whether or not to grant the request, or to take any other action deemed appropriate  
6 and reasonable under the circumstances. Upon formal acceptance of the surrender, Respondent  
7 shall within 15 calendar days deliver Respondent's wallet and wall certificate to the Board or its  
8 designee and Respondent shall no longer practice medicine. Respondent will no longer be subject  
9 to the terms and conditions of probation. If Respondent re-applies for a medical license, the  
10 application shall be treated as a petition for reinstatement of a revoked certificate.

11 ~~16.~~ 17. PROBATION MONITORING COSTS. Respondent shall pay the costs associated  
12 with probation monitoring each and every year of probation, as designated by the Board, which  
13 may be adjusted on an annual basis. Such costs shall be payable to the Medical Board of  
14 California and delivered to the Board or its designee no later than January 31 of each calendar  
15 year.

1 ACCEPTANCE

2 I have carefully read the above Stipulated Settlement and Disciplinary Order and have fully  
3 discussed it with my attorney, Marvin Firestone, M.D., J.D. I understand the stipulation and the  
4 effect it will have on my Physician's and Surgeon's Certificate. I enter into this Stipulated  
5 Settlement and Disciplinary Order voluntarily, knowingly, and intelligently, and agree to be  
6 bound by the Decision and Order of the Board.

7 Dated: 6/18/18

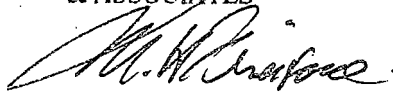
8   
9 ADAM TRAVIS, M.D.  
10 Respondent

11  
12  
13  
14  
15 I have read and fully discussed with Respondent Adam Travis, M.D. the terms and  
16 conditions and other matters contained in the above Stipulated Settlement and Disciplinary Order.

17 I approve its form and content.

18 Dated: 6/19/18

MARVIN FIRESTONE, M.D., J.D.  
& ASSOCIATES

19   
20 MARVIN FIRESTONE, M.D., J.D.  
21 Attorneys for Respondent

1  
2  
3  
4  
5  
6  
7  
8  
9  
10  
11  
12  
13  
14  
15  
16  
17  
18  
19  
20  
21  
22  
23  
24  
25  
26  
27  
28

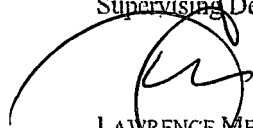
ENDORSEMENT

The foregoing Stipulated Settlement and Disciplinary Order is hereby respectfully  
submitted for consideration by the Board.

Dated: 6/21/2018

Respectfully submitted,

XAVIER BECERRA  
Attorney General of California  
JANE ZACK SIMON  
Supervising Deputy Attorney General



LAWRENCE MERCER  
Deputy Attorney General  
*Attorneys for Complainant*

SF2018400550  
21145326.doc



Exhibit A

Accusation 800-2017-033792

1 XAVIER BECERRA  
Attorney General of California  
2 JANE ZACK SIMON  
Supervising Deputy Attorney General  
3 LAWRENCE MERCER  
Deputy Attorney General  
4 State Bar No. 111898  
455 Golden Gate Avenue, Suite 11000  
5 San Francisco, CA 94102-7004  
Telephone: (415) 510-3488  
6 Facsimile: (415) 703-5480  
Attorneys for Complainant

**FILED**  
**STATE OF CALIFORNIA**  
**MEDICAL BOARD OF CALIFORNIA**  
**SACRAMENTO** May 9 2018  
BY: JOAN WING ANALYST

7  
8 **BEFORE THE**  
9 **MEDICAL BOARD OF CALIFORNIA**  
10 **DEPARTMENT OF CONSUMER AFFAIRS**  
11 **STATE OF CALIFORNIA**

12 In the Matter of the Accusation Against:

13 **ADAM DAVID TRAVIS, M.D.**  
14 **1430 Buckingham Way**  
15 **Hillsborough, CA 94010-7397**

16 **Physician's and Surgeon's Certificate**  
17 **No. G 80122,**

18 Respondent.

Case No. 800-2017-033792

19 **ACCUSATION**

20 Complainant alleges:

21 **PARTIES**

- 22 1. Kimberly Kirchmeyer (Complainant) brings this Accusation solely in her official  
23 capacity as the Executive Director of the Medical Board of California.  
24 2. On or about October 26, 1994, the Medical Board issued Physician's and Surgeon's  
25 Certificate Number G 80122 to Adam David Travis, M.D. (Respondent). The Physician's and  
26 Surgeon's Certificate was in full force and effect at all times relevant to the charges brought herein  
27 and will expire on May 31, 2020, unless renewed. On April 20, 2018, an interim order issued and  
28 that order requires Respondent to have a female third party chaperone present while consulting,  
examining or treating female patients.

///

///

## JURISDICTION

3. This Accusation is brought before the Board under the authority of the following laws. All section references are to the Business and Professions Code unless otherwise indicated.

4. Section 2227 of the Code provides that a licensee who is found guilty under the Medical Practice Act may have his or her license revoked, suspended for a period not to exceed one year, placed on probation and required to pay the costs of probation monitoring, or such other action taken in relation to discipline as the Board deems proper.

5. Section 2234 of the Code states:

"The board shall take action against any licensee who is charged with unprofessional conduct. In addition to other provisions of this article, unprofessional conduct includes, but is not limited to, the following:

"(a) Violating or attempting to violate, directly or indirectly, assisting in or abetting the violation of, or conspiring to violate any provision of this chapter.

"(b) Gross negligence.

"(c) Repeated negligent acts. To be repeated, there must be two or more negligent acts or omissions. An initial negligent act or omission followed by a separate and distinct departure from the applicable standard of care shall constitute repeated negligent acts.

"(1) An initial negligent diagnosis followed by an act or omission medically appropriate for that negligent diagnosis of the patient shall constitute a single negligent act.

"(2) When the standard of care requires a change in the diagnosis, act, or omission that constitutes the negligent act described in paragraph (1), including, but not limited to, a reevaluation of the diagnosis or a change in treatment, and the licensee's conduct departs from the applicable standard of care, each departure constitutes a separate and distinct breach of the standard of care.

"(d) Incompetence.

"(e) The commission of any act involving dishonesty or corruption which is substantially related to the qualifications, functions, or duties of a physician and surgeon.

"(f) Any action or conduct which would have warranted the denial of a certificate.

1       “(g) The practice of medicine from this state into another state or country without meeting  
2 the legal requirements of that state or country for the practice of medicine. Section 2314 shall not  
3 apply to this subdivision. This subdivision shall become operative upon the implementation of the  
4 proposed registration program described in Section 2052.5.

5       “(h) The repeated failure by a certificate holder, in the absence of good cause, to attend and  
6 participate in an interview by the board. This subdivision shall only apply to a certificate holder  
7 who is the subject of an investigation by the board.”

8       6.     Section 822 of the Code provides:

9       “If a licensing agency determines that its licentiate’s ability to practice his or her profession  
10 safely is impaired because the licentiate is mentally ill, or physically ill affecting competency, the  
11 licensing agency may take action by any one of the following methods:

12       “(a) Revoking the licentiate’s certificate or license.

13       “(b) Suspending the licentiate’s right to practice.

14       “(c) Placing the licentiate on probation.

15       “(d) Taking such other action in relation to the licentiate as the licensing agency in its  
16 discretion deems proper.

17       “The licensing agency shall not reinstate a revoked or suspended certificate or license until  
18 it has received competent evidence of the absence or control of the condition which caused its  
19 action and until it is satisfied that with due regard for the public health and safety the person’s  
20 right to practice his or her profession may be safely reinstated.”

### 21                                   ETHICAL PRINCIPLES

22       7.     Beginning in 1973, with periodic revisions, the American Psychiatric Association has,  
23 promulgated *The Principles of Medical Ethics with Annotations Especially Applicable to*  
24 *Psychiatry (Principles with Annotations)*. As explained in the Foreword to the 2013 Edition:

25             All physicians should practice in accordance with the medical code of ethics set  
26 forth in the *Principles of Medical Ethics* of the American Medical Association . . .  
27 However, these general guidelines have been difficult to interpret for psychiatry, so  
28 further annotations to the basic principles are offered in this document. While  
psychiatrists have the same goals as all physicians, there are special ethical problems  
in psychiatric practice that differ in coloring and degree from ethical problems in  
other branches of medical practice, even though the basic principles are the same.

1 8. The *Principles with Annotations*, provide:

2 *Section 1*

3 *A physician shall be dedicated to providing competent medical care with*  
4 *compassion and respect for human dignity and rights.*

5  
6 1. A psychiatrist shall not gratify his or her own needs by exploiting the patient.  
7 The psychiatrist shall be ever vigilant about the impact that his or her conduct has  
8 upon the boundaries of the doctor-patient relationship, and thus upon the well-being  
9 of the patient. These requirements become particularly important because of the  
10 essentially private, highly personal, and sometimes intensely emotional nature of the  
11 relationship established with the psychiatrist.

12 9. The *Principles with Annotations* further provide:

13 *Section 2*

14 *A physician shall uphold the standards of professionalism, be honest in all*  
15 *professional interactions and strive to report physicians deficient in character or*  
16 *competence, or engaging in fraud or deception to appropriate entities.*

17 1. The requirement that the physician conduct himself/herself with propriety in  
18 his or her profession and in all the actions of his or her life is especially important in  
19 the case of the psychiatrist because the patient tends to model his or her behavior after  
20 that of his or her psychiatrist by identification. Further, the necessary intensity of the  
21 treatment relationship may tend to activate sexual and other needs and fantasies on the  
22 part of both the patient and psychiatrist, while weakening the objectivity necessary for  
23 control. Additionally, the inherent inequality in the doctor-patient relationship may  
24 lead to exploitation of the patient. Sexual activity with a current or former patient is  
25 unethical.

26 10. The *Principles with Annotations* further provide:

27 *Section 8*

28 *A Physician shall, while caring for a patient, regard responsibility to the patient as*  
*paramount.*

... 2. When the psychiatrist's outside relationships conflict with the clinical  
needs of the patient, the psychiatrist must always consider the impact of such  
relationships and strive to resolve conflicts in a manner that the psychiatrist believes  
is likely to be beneficial to the patient.

3. When significant relationships exist that may conflict with patients' clinical  
needs, it is especially important to inform the patient or decision maker about these  
relationships and potential conflicts with clinical needs.

**STATEMENT OF FACTS**

11. On June 16, 2017, the Board received an 805 report from The Permanente Medical Group (TPMG) which reported that, effective June 8, 2017, Respondent had resigned from the medical group. The report stated that "following commencement of an investigation regarding a personal relationship Dr. Travis disclosed involving a patient, he voluntarily resigned his employment with The Permanente Medical Group." The Board also received documents, including email communications between Respondent and TPMG, which revealed that Respondent admitted to having developed very strong feelings for a married patient in his psychiatric practice and that he anticipated converting to her religion in order that they could marry once his own marriage was dissolved.

12. Respondent was interviewed by representatives from the medical staff and human resources department. He acknowledged that after several appointments he had developed romantic feelings for a female patient. At least one of the appointments followed a meeting in a park, where Respondent had talked with the patient about his personal life and feelings. Respondent allowed his romantic attachment to the patient affect his care. By his admission, she received more time and attention than his other patients. Respondent complied with her requests for zolpidem, a hypnotic sleep medication, in extremely high doses. When another physician denied the patient an early refill of the zolpidem, Respondent interceded on her behalf. Although Respondent stated many times that he had crossed boundaries, Respondent insisted that the APA guidelines, which provide that a clinician shall not engage in a personal relationship with a current or former patient, did not apply. He advised that he and the patient planned to take a six month "break," after which they would resume their social relationship. Respondent asserted that this plan was consistent with the AMA guidelines.

13. Respondent was also interviewed by an investigator and medical consultant for the Medical Board. Although Respondent initially described his relationship with his patient as a friendship, he acknowledged that his own emails stated that the relationship was a romantic one. Respondent reported that his appointments with the patient increased in frequency in April, 2017, so that he was seeing the patient weekly. He conceded that he was uncertain whether the

1 increased frequency served to address her needs or his own personal desires, but acknowledged  
2 that such frequent meetings exceeded what would be required to manage the patient's  
3 medications. In addition to office visits, he conceded that he was meeting the patient socially  
4 outside the office and their relationship included hugging, kissing, holding hands and exchanging  
5 gifts. Respondent also admitted that even after their psychiatrist-patient relationship ended, he  
6 maintained contact with the patient and, at the time of the October 2017 interview, they were in  
7 daily communication.

8 14. At his interview, Respondent again contended that, despite the fact that he was the  
9 patient's psychiatrist, he did not feel that the principles of ethics promulgated by the American  
10 Psychiatric Association (APA) barred his instigation and maintenance of a personal relationship  
11 with a patient. Respondent stated that he was not an APA member. Respondent also stated that  
12 the nature of the treatment was medication management rather than psychotherapy, hence the  
13 APA prohibition against relationships with current or former patients would not apply to their  
14 relations.

15 15. At the Board's request, Respondent agreed to undergo a psychiatric evaluation. The  
16 results of that evaluation were reported to the Board. Significantly, the evaluator reported that  
17 Respondent was deceptive and evasive in his explanation of his relationship with the patient,  
18 characterizing it as a friendship and glossing over evidence of a romantic dating relationship. To  
19 the extent that he did acknowledge his boundary and ethical violations, Respondent minimized  
20 them, stating that he was only providing medication management albeit he was seeing the patient  
21 weekly in response to her requests and his desire for more contact and that he was also meeting  
22 her socially outside office hours. Respondent showed no insight into the potential for  
23 psychological and emotional harm his boundary violations could cause the patient. Although he  
24 recognized that he was in a conflicted and unhappy marriage, he did not see that his  
25 dissatisfaction with his own marital relationship was driving his desire for intimacy with his  
26 patient and impacting their therapeutic relationship. The psychiatric evaluator diagnosed  
27 Respondent with a mental illness, which diagnosis included an adjustment disorder with mixed  
28 anxiety and depressed mood, as well as likely personality traits that render him more prone to

1 engage in boundary and ethical violations. Overall, the evaluator opined that Respondent has little  
2 insight into his boundary violations and that he is at risk for repeating these behaviors unless his  
3 practice should be restricted as regards to female patients and he also be required to undergo  
4 psychotherapy specifically addressing transference and countertransference issues.

5 **FIRST CAUSE FOR DISCIPLINE**

6 **(Unprofessional Conduct/Gross Negligence/Negligence)**

7 16. Respondent's conduct in initiating and continuing a personal romantic relationship  
8 with a patient in his psychiatric practice constitutes unprofessional conduct and/or gross  
9 negligence and/or negligence and/or a violation of ethical standards and Respondent's certificate  
10 is subject to discipline under Business and Professions Code sections 2234 and/or 2234(b) and/or  
11 2234(c).

12 17. Complainant incorporates the factual allegations in Paragraphs 11-15 above as though  
13 fully set out herein. Respondent's conduct violated the standard of care for a psychiatrist as well  
14 as the canons of professional ethics applicable to psychiatrists.

15 **SECOND CAUSE FOR DISCIPLINE**

16 **(Mental Illness)**

17 18. Respondent is subject to disciplinary action under Sections 2227 and 822 of the Code  
18 in that respondent is impaired in his ability to practice medicine safely, particularly as regards to  
19 female patients, as a result of his adjustment disorder with mixed anxiety and depressed mood.

20 19. Complainant incorporates the factual allegations in Paragraphs 11-15 above as though  
21 fully set out herein.

22 **THIRD CAUSE FOR DISCIPLINE**

23 **(Unprofessional Conduct/Gross Negligence/Negligence/Incompetence)**

24 20. Complainant incorporates the factual allegations in Paragraphs 11-15 above as though  
25 fully set out herein.

26 21. Respondent repeatedly demonstrated a lack of knowledge regarding the content and  
27 application of the ethical standards governing the practice of psychiatry generally and/or as it  
28 applied to his personal romantic relationship with a patient and this constitutes unprofessional



1 conduct and is cause for discipline pursuant to Business and Professions Code sections 2234  
2 and/or 2234(d). It also represents a violation of ethical standards.

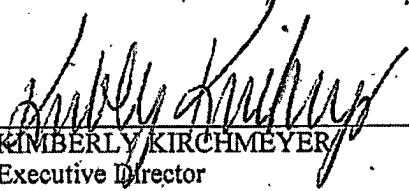
3 22. Respondent's failure to understand or appreciate the role of transference and counter-  
4 transference in his relationship with his female patient, his maintenance of dual relationships with  
5 her during and after termination of therapy, as well as his failure to understand or consider the  
6 dynamics between them and the potential for harm posed to the patient's well-being constitute  
7 unprofessional conduct and/or incompetence and/or gross negligence and/or negligence and is  
8 cause for discipline pursuant to Business and Professions Code sections 2234 and/or 2234(b)  
9 and/or 2234(c) and/or 2234(d).

10 **PRAYER**

11 **WHEREFORE**, Complainant requests that a hearing be held on the matters herein alleged,  
12 and that following the hearing, the Board issue a decision:

- 13 1. Revoking or suspending Physician's and Surgeon's Certificate Number G 80122,  
14 issued to Adam David Travis, M.D.;
- 15 2. Revoking, suspending or denying approval of Adam David Travis, M.D.'s authority to  
16 supervise physician assistants and advanced practice nurses;
- 17 3. Ordering Adam David Travis, M.D., if placed on probation, to pay the Board the costs  
18 of probation monitoring; and
- 19 4. Taking such other and further action as deemed necessary and proper.

20  
21 DATED: May 9, 2018

  
KIMBERLY KIRCHMEYER  
Executive Director  
Medical Board of California  
State of California  
Complainant

22  
23  
24 SF2018400550  
25 21111717.doc  
26  
27  
28